## Garland Fire Department

## Fire Report Request

Date of Request:	Phone Number: ()
Date of Incident:	* Location of Incident:
*must have a date	e or date range to complete request
Type of Fire: ( ) Structure/	House ( ) Vehicle/RV/Boat ( ) Other
Delivery method: Check one on	ly Please call when ready: () I will pick up my report at: Fire Administration 1500 Highway 66 Garland, Texas 75040
	I would like my report mailed to:
	to: (
Please FAX requests to:	Garland Fire Department (972) 781-7153
You may also mail to:	Garland Fire Department Custodian of Records 1500 Highway 66 Garland, Texas 75040
Hand deliver request to:	1500 Highway 66 Mon-Fri 8-5 Garland, TX 75040
Please a	llow 3 business days to fill request.
Name of Requester Printed	

Fire Report Request: Oct 2015